JUNE 10, 2024

SOCIAL SECURITY SYSTEM
SM SOUTHMALL OFFICE

SUBJECT: AUTHORIZATION LETTER FOR MY HUSBAND,
RENE ALBA APELO

DEAR SIR/MA'AM,

I AM AUTHORIZING MY HUSBAND, RENE ALBA APELO, WHOSE PHILIPPINE PASSPORT COPY IS ATTACHED TO REGISTER MYSELF ON SSS WEB REGISTRATION, INCLUDING THE SUBMISSION OF E-4 FORM, AUTO-DEBIT ARRANGEMENT FORM, AND OTHER DOCUMENTS AS MAYBE REQUIRED. I AM CURRENTLY OUT OF THE COUNTRY.

THANK YOU FOR YOUR CONSIDERATION.

Flora Tarcila E. Apelo

FLORA TARCILA E. APELO
SSS # 03 896 8244 0

C. CERTIFICATION

SS NUMBER: 03 | 89 | 68 | 24 | 40

I certify that the information provided in this form are true and correct.

PRINTED NAME	SIGNATURE	DATE
FLORA TARCILA EVASCO APELO	Flora Tarcila Evasco Apelo	6/10/24

If member cannot sign, affix fingerprints (please see Instruction no. 5).

Below are the witnesses to fingerprinting:

	PRINTED NAME	SIGNATURE	DATE
1)			
	ADDRESS & CONTACT NUMBER		
2)			
	ADDRESS & CONTACT NUMBER		

RIGHT THUMB | RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

For Change of Membership Type to Self-Employed

Business Code: _____

Approved MSC: _____

Start of Payment: _____

Monthly SS Contribution (₱): _____

For Change of Membership Type to Non-Working Spouse

Working Spouse's MSC: _____

Approved MSC of NWS: _____

Start of Payment: _____

Monthly SS Contribution (₱): _____

RECEIVED BY		
SIGNATURE OVER PRINTED NAME	DATE & TIME	BRANCH
PROCESSED BY	ENCODED BY	
SIGNATURE OVER PRINTED NAME / DATE & TIME	SIGNATURE OVER PRINTED NAME / DATE & TIME	
REVIEWED BY	APPROVED BY	
SIGNATURE OVER PRINTED NAME / DATE & TIME	SIGNATURE OVER PRINTED NAME / DATE & TIME	

INSTRUCTIONS

1. Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request".
2. Always indicate "**N/A**" or "**Not Applicable**", if the required data is not applicable.
3. Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
   a. Filed by member
      - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
   b. Filed by employer or company representative or household employer
      1. SS card or UMID card or two (2) ID cards of the **member**, both with signature and one (1) with photo; **and**
      2. Additional ID card/s per type of filer
         2.a Company ID of the **employer-filer**, with signature and photo, if filed by employer
         2.b Specimen Signature Card (SS Form L-501) of the **company representative**, if filed by company representative
         2.c Two (2) ID cards of the **household employer-filer**, both with signature and one (1) with photo, if filed by household employer
4. If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
5. If member cannot sign, witnesses to fingerprinting shall be as follows:
   a. Filed by member
      - *SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.*
   b. Filed by employer or company representative or household employer
      - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided